

APPLICATION FOR RECERTIFICATION

COMMUNITY HOUSING DEVELOPMENT ORGANIZATION



CITY OF HOUSTON
HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT
Milton Wilson, Jr., Director

January 2005

CHDO RECERTIFICATION APPLICATION

Please complete the recertification form and attach to other documentation required.

1. **Name of Organization**_____
2. **Address**_____
3. **City**_____ **State**_____ **Zip Code**_____
4. **Phone Number** _____ **Fax Number** _____
5. **Name of contact person**_____
6. **Title**_____ **Phone Number**_____
7. **Has organization developed a housing project?** Yes () No ()
8. **If yes, name of project**_____ **Number of units**_____
- Address**_____
9. **Was the project financed using HOME funds?** Yes () No ()
10. **In addition to the above housing project, if applicable, identify three (3) community improvement projects sponsored by agency since certification as a CHDO.**
 1. _____
 2. _____
 3. _____

If currently engaged in development of an affordable housing project(s), please describe the development activities being pursued to achieve the agency's goal.

11. **On a separate page, provide a brief description of each project citing the location, identify beneficiaries and the impact on the surrounding community. Include a map displaying locations of CHDO sponsored project(s).**
12. **If the CHDO received HOME funds to cover "operating expenses" yet did not deliver a HOME-funded project, the CHDO will need to describe how this discrepancy will be addressed. Include time line if applicable.**
13. **On a separate page(s) describe how the organization has changed since certification as a CHDO.**

The completed application packet should be mailed to:

Milton Wilson, Jr., Director
City of Houston
Housing and Community Development Department
601 Sawyer, 4th Floor
Houston, Texas 77007

CITY OF HOUSTON
HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT
CHDO RECERTIFICATION CHECKLIST

The information contained in the following checklist refers to the definition of a Community Housing Development Organization (CHDO) as stated in Subpart A, Section 92.2 of the HOME Interim Rule. Please include this documentation with your request for re-certification:

1. Completed CHDO Recertification Application, with all supporting information [e.g., map of project(s) locations] attached.
2. Map of area currently served by CHDO.
3. **LEGAL STATUS**
 - a. Continues to have among its purposes the provision of decent housing that is affordable to low and moderate income people, as evidenced by a statement in the organization's:
 - b. _____ updated by-laws, if changed.
 - c. Has an updated tax exemption ruling, if original ruling was prior to 1986 or if change in status has occurred, from the Internal Revenue Service (IRS) under Section 501 (c) (3) or (4) of the Internal Revenue Code of 1986, as evidenced by:
 - d. _____ a current letter from the IRS.

OR

Is classified as a subordinate of a central organization non-profit under the Internal Revenue Code, as evidenced by:

_____ a group exemption letter from the IRS that includes the CHDO and is dated 1986 or later.

4. **CAPACITY**
 - a. Continues to conform to the financial accountability standards of 24 CFR 84.21, "Standards of Financial Management Systems," as evidenced by:

_____ a current, notarized certification by a Certified Public Accountant.

_____ audit or any management letters that were issued as part of an audit completed since original certification.

_____ a current, notarized statement by the president or chief financial officer that the organization continues to conform to the financial accountability standards.

- b. **Continues to have a demonstrated capacity for carrying out activities assisted with HOME funds, as evidenced by:**

_____ resumes and/or statements that describe the experience of key staff members who have successfully completed projects similar to those to be assisted with HOME funds, or

_____ contract(s) with consultant firms or individuals who have housing experience similar to projects to be assisted with HOME funds, to train appropriate key staff of the organization.

- c. **Continues to serve the community within which housing to be assisted with HOME funds is to be located, as evidenced by:**

_____ performance summary of all activities.

OR, if not currently funded,

_____ explanation of why the organization has not applied for or received funding, description of workshops attended, training, and /or Technical Assistance received.

5. ORGANIZATIONAL STRUCTURE

- a. **Continues to maintain at least one-third of its governing board's membership for residents of low-income neighborhoods, other low-income community residents, or elected representatives of low-income neighborhood organizations.**
- b. **A current list of each board member with the name, home address, occupation, and place of employment. For each board member, please certify if the member is a resident of a low-income community, a low-income neighborhood organization. Also, please indicate if the member is a representative of the public sector. Use the attached form.**

6. **Copies of board minutes from last two (2) meetings.**
7. **If amended, a copy of the organization's Charter, By Laws and Articles of Incorporation.**
8. **A copy of the most recent financial audit, or compilation or an explanation as to why there are no financial statements.**
9. **A description of CHDO's current project (e.g., location, number of units, status, completion date, etc.)**
10. **A description of proposed projects, if any, planned by the CHDO.**

BOARD MEMBER INFORMATION SHEET

As a board member of a designated Community Housing Development Organization (CHDO), please provide the following information:

NAME: _____

HOME ADDRESS: _____

PHONE: HOME (____)_____ BUSINESS (____)_____

OCCUPATION: _____

BUSINESS ADDRESS: _____

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY TO YOU:

-) I am a resident of a low-income neighborhood. (This does not mean that you must be a low-income person, only that your residence is in a low-income neighborhood.)
-) I am a low-income resident of the community. (Community can mean neighborhood, the city, county, or metropolitan area.)
-) I am an elected representative of a low-income neighborhood organization. (A low-income neighborhood organization is an organization composed primarily of residents of a low-income neighborhood. Examples of such organizations are: block groups, town watch organizations, civic associations, neighborhood church groups, etc.)
-) I am a representative of the public sector. (A public sector representative is any elected public official, any appointed public official, any public/government employee of a public agency or department, or any individual who is appointed by a public official to serve on a CHDO board.)

I certify that the information is correct as of the date indicated below.

Signature

Date

CHDO TECHNICAL ASSISTANCE SURVEY

The City of Houston's Housing and Community Development Department (HCDD) is committed to assisting Community Housing Development Organizations (CHDOs) in the successful completion of affordable housing projects. For this reason, DHCD is assessing the "technical assistance" needs of CHDOs and has developed a survey to secure input regarding the quality of service provided. The department is requesting that Community Housing Development Organizations take a few minutes to complete this survey, identifying the agency's emerging and/or existing "technical assistance" needs.

1. Please check (✓) the type(s) of technical assistance requested/needed by your agency in the last year.

a. Phase I (environmental) inspection _____	f. Appraisal of property _____
b. Engineering study _____	g. Application for certification _____
c. Demographic data/maps _____	h. Marketing study _____
d. Board training _____	i. Staff training _____
e. Application for HOME assistance _____	j. Other, please specify _____
2. Identify the agency or organization from which assistance was requested.

3. Did your agency receive requested assistance in a timely manner?
YES _____ NO _____
- 3a. If no, please identify the reason(s) for the delay and/or non-receipt of the requested assistance.

4. Was the quality of "technical assistance" received worth the time and effort that it took to receive the service?
YES _____ NO _____
MAYBE _____ NOT SURE _____
5. Overall how satisfied were you with the "technical assistance" received?
VERY SATISFIED _____
SATISFIED _____
NEUTRAL _____
DISSATISFIED _____
VERY DISSATISFIED _____
6. If applicable, identify other types of "technical assistance" needed by our agency.
 - a. _____
 - b. _____
 - c. _____
 - d. _____

If you have any additional comments about "technical assistance," please share them in the space below.
